

**0963: SURVIVAL RATES FOR PATIENTS WITH ANAPLASTIC THYROID CARCINOMA RECEIVING DIFFERENT TREATMENT MODALITIES.**

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**Aim:** To review which treatments produce greatest survival rates for patients treated for anaplastic thyroid carcinoma.

**Method:** The case notes of 20 anaplastic thyroid carcinoma patients referred to a cancer specialist hospital were retrospectively reviewed.

**Results:** The median age at diagnosis was 69.5 years (56.3–80.6 years). 19 patients died due to the anaplastic thyroid carcinoma, 8 of whom died specifically from asphyxiation. Treatments given at the cancer hospital was radiotherapy (10 patients), chemotherapy (3 patients), chemotherapy followed by radiotherapy (3 patients) or no treatment (4 patients). 7 patients had also had surgery in the referring institution prior to referral. Median survival for all cases was 59 days. Patients who had previous surgery prior to any other treatment modalities with the oncologists had a longer median survival time overall compared to those who had not had previous surgery (142 days compared to 59 days) and produced the one long term survivor. However, this median survival was not as long as chemotherapy followed by radiotherapy (with no previous surgery), which produced a median survival of 220 days.

**Conclusion:** Chemotherapy followed by radiotherapy produced the longest survival in this series, even when compared to patients who received different treatment modalities post surgical resection.

**1037: A RETROSPECTIVE STUDY OF CRICOPHARYNGEAL MYOTOMY FOR NON-SPECIFIC CERVICAL DYSPHAGIA**

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**Aim:** Cricopharyngeal myotomy (CPM) is a well reported management of dysphagia and tracheo-bronchial aspiration. We aim to analyse outcomes of CPM in patients with documented cricopharyngeal dysfunction and those with complex or equivocal diagnoses.

**Method:** A retrospective analysis was conducted of patients undergoing CPM between 2001–2010 in a single UK centre. Patients were classified as either cricopharyngeal dysfunction (CPD) or non-specific cervical dysphagia (NSCD). Study end point was dysphagia recurrence at 12 months. Questionnaires, with validated Visual Analogue Scoring (VAS) systems were used to quantify dysphagia pre-operative, post-operative, 6 months and 12 months post CPM. Data was analysed with a Wilcoxon paired t-test (p-value significance 0.05).

**Results:** A total of 28 patients underwent CPM. Pre-operative median VAS score was 5.5, improving postoperatively to 8.0 ( $p < 0.001$ ). Over a 12-month period, recurrence was 22% a lower rate in CPD (12.5%) versus NSCD (60%). Overall complication rate was 15%, most commonly temporary regurgitation (7.2%), aspiration (1.8%) and perforation (1.8%).

**Conclusion:** Our results show significant improvement in swallowing solids after CPM on patients with CPD and NSCD. There is low recurrence and complication rate in patients with radiological evidence for CPD. CPM can improve swallowing in patients with NSCD, however dysphagia recurrence remains high.

**1039: HRG CODING AND PROFITABILITY FOR COMMON ENT PROCEDURES: A TWO CYCLE AUDIT**

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**Aim:** To evaluate Human Resource Group (HRG) coding accuracy and profitability for the most common ENT procedures at Derriford Hospital.

**Methods:** First cycle (2010): Retrospective analysis of 395 patient journeys in nine procedures over six months. Intervention: Coding inaccuracy was discussed with the coding department, and missing costs identified.

Second cycle (2011): Using updated codes and costing, the nine procedures plus thyroidectomy for 528 patients were audited. Profit analysis comparing consultants and trainees as the main surgeon was performed. Individual stages of the patient journey were compared for inefficiency.

**Results:** Between cycles, miscoding improved from 15% to 8%, whilst profitable procedures dropped from 8 of 9 to only 3 of 10. Microlaryngoscopy was responsible for the majority of miscoding in both cycles costing the department £24,900 alone in cycle two. Irrespective of miscoding, however, microlaryngoscopy was also significantly less profitable. Excluding all miscoded procedures the average loss for trainee cases was £71.69 versus a profit of £49.46 for consultant cases. There were no isolated processes consistently responsible for delays or added costs.

**Conclusions:** Correct coding is vital for trust remuneration. Trainees are essential, but expensive. In the current financial climate, non-profitable departments risk cuts to staff and procedures.

**1066: ULTRASOUND GUIDED INTRA-SUBMANDIBULAR GLAND INJECTION OF BOTULINUM TOXIN-A (BTX-A) FOR SIALORRHOEA IN CEREBRAL PALSY PATIENTS**

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**Aim:** To investigate the clinical effectiveness of Botulinum Toxin-A (BTX-A) in the reduction of drooling in patients with cerebral palsy, using ultrasound guided intra-submandibular injections.

**Method:** Four patients with cerebral palsy underwent ultrasound guided submandibular gland injection of BTX-A under general anaesthetic. The procedure was performed using high resolution ultrasonography to identify the superficial lobe of the submandibular gland, vascular structures and aid in the positioning of 22G needle for administration of 20–25 units of BTX-A. Each procedure was performed by the same radiologist to avoid operator variation. Drooling severity and frequency was measured at baseline and reassessed at 4 weeks, using teacher drooling scale and drooling frequency score.

**Results:** Three patients reported a subjective improvement in severity and frequency of drooling, from severe/profuse to mild/moderate. One patient reported no improvement in severity or frequency of drooling at baseline and 4 week evaluation. One patient reported side effects, with difficulty retaining their prosthetic globes within the orbits. This resolved once the effects of BTX-A had worn off.

**Conclusion:** Intrasubmandibular gland injection of BTX-A is an effective treatment to reduce sialorrhoea in patients with cerebral palsy. Ultrasound guidance enhances the accuracy of injection, however does not eliminate the risk of side effects.

**HEPATOPANCREATOBILIARY****0130: A SELECTIVE ANTIBIOTIC PROPHYLAXIS POLICY FOR LAPAROSCOPIC CHOLECYSTECTOMY IS EFFECTIVE IN MINIMISING INFECTIVE COMPLICATIONS**

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**Aim:** To assess the effectiveness of a selective antibiotic prophylaxis policy limited to high risk patients undergoing LC with the development of port-site infections as the primary endpoint.

**Methods:** 100 consecutive patients undergoing LC during a 1 year period were studied prospectively. Data collected included patient demographics, history of gallstone disease to determine those with risk factors for bactibilia. A single antibiotic dose was administered on induction to high risk patients. Information relating to all radiologically or microbiologically-confirmed infections were documented.

**Results:** 84% were females with mean age  $47.7 \pm 16.0$ . 19% of the LCs were performed as emergencies while 81% were elective. A risk factor for bactibilia was present in 35% of patients. A wound infection was identified in 4% of cases, 2 of which were *Staphylococcus aureus* (1 MRSA), 1 was a coagulase -ve *Staphylococcus*, and 1 wound cultured a mixed anaerobic growth. Three of the infections occurred in patients receiving prophylaxis at intervals of 7, 14 and 19 days respectively. One patient (BMI of 32) in the no prophylaxis group developed a coagulase -ve staphylococcal infection at 10 days. No other abdominal infections were identified.

**Conclusions:** Restricting antibiotic prophylaxis to high risk patients has no detrimental effects in terms of increasing the rate of infections in those with no risk factors.